STATE OF SOUTH CAROLINA		
)	BEFORE THE	
(Caption of Case)	PUBLIC SERVICE COMMISSION	
Example: Application for a Class C Charter Certificate from	OF SOUTH CAROLINA	
John Doe dba Doe's Limo	TRANSPORTATION COVER SHEET	
Request for to Cancel Class C Taxi Certificate and	TRAINSPORTATION COVER SHEET	
to Rescind the Order Approving Name Change and	DOCKET	
Amending Certificate	NUMBER: 1999 - 138 - T	
· · · · · · · · · · · · · · · · · · ·		
Harvie's Limo-Taxi Service, Inc.	If this is your first time filing an application with the PSC, you will not	
	have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned	
	and should be entered above.	
(Please type or print) + Harvie Williams	Telephone: * 843 709 4276	
Address: PD Box 221	Fax: 343 825369b	
Bonneau SC 29431	Other: (*) 8438256327	
0 00111 00 00 1701	() <1 /2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	
NOTE: The cover sheet and information contained herein neither replace	Email: (*) Sheliawillians @ tds. net	
as required by law. This form is required for use by the Public Service	Commission of South Carolina for the purpose of docketing and must	
be filled out completely.	·	
NATURE OF ACTION (Check all that apply)		
Application - Class A/A Restricted Postad: Low	Request for Name Change on Certificate	
Application - Class C Taxi	Request to Amend Scope of Authority	
Application - Class C Charter  Dept: SA /OK	Request to Amend Tariff (rate increase, etc.)	
Application - Class C Charter Bus Date: 8/20/13	Request to Amend Passenger Limit	
Application - Class C Non-Emergency: 12.58	- Request	
Application - Class C Stretcher Van	Exhibit	
Application - Class E Household Goods	Late-Filed Exhibit	
Application - Class E Hazardous Waste	Letter	
Application	Proposed Order	
Request for Extension to Comply with Order	Publisher's Affidavit	
Request for Order Granting Authority to Obtain a Certificate	Reservation Letter	
of Public Convenience and Necessity to be Rescinded	Response	
X Request for Cancellation of Certificate	Return to Petition	
Request for Suspension	▼ Other: Req to rescind Order granting name	
Request for Reinstatement	change and amending certificate	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 203-296-5100

Print Form

- Reset Form

AUG 19 2013



## Request to Rescind Order Granting Name Change to a PC&N

	· ·
File the original with:	Mail or fax a copy to:
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
DATE:	
Please consider this a request for the PSC to	······································
me the authority to amend the name on my	Class:
✓ C (Taxi) Certificate	
C Non-Emergency Certificate E	Household Goods Certificate RECEIVET
E Hazardous Wastes Certificate	KECEIVEL
	AUG 19 2013
Harvie's Limo-Taxi Service, Inc.	
(Name of Company)	(If applicable)
(Street Address)	(Mailing Address)
(City, State, Zip Gode)	(Mailing City, State, Zip Code)
(Telephone Number)	Hawie Williams (Signature)
<b>3</b>	
	Gwner
(Tit	le) Owner, President, Vice-Pres, etc.
	Light states in this is



## Request for Cancellation of Certificate

File the original with:	Mail or fax a copy to:
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
DATE:	
Please consider this a request to cancel my	
Class C Taxi Certificate	Class A Restricted Certificate
Class C Charter Certificate	
Class C Charter Bus Certificate	RECEIVED
Non-Emergency Certificate	AUG 1 9 2013
Class E Household Goods Certificate	MAIL / DMS
Class E Hazardous Wastes Certificate	
My Certificate Number is 6750-A	
Harvie's Limo & Taxi Service, Inc	Does not apply BA
(Name of Company)	(If applicable)
© 233 Grass Rd (Street Address)	(Mailing Address if different from Street Address)
(City, State, Zip Code)	(City, State, Zip Code)
© 843 709 427 6 (Telephone Number)	Davie Williams
_	(Signature)
	WNER
	(Title) Owner, President, etc.